



Defense Finance and Accounting Service
and
Manpower Information Systems Support Activity

1500 East 95th Street - Kansas City, Missouri 64197-0540

JOB/PROCESS SCHEDULING REQUIREMENTS FOR CALENDAR YEAR 2002

ORGANIZATION: MISSA____ CUSTOMER NAME: Manpower Systems Support Activity____ PHONE: DSN 465-5308
COM: 816-926-5308

JOBNAME OR PROCESS: MCTFS MONTHLY CYCLE EXTRACT PROCESS

2002

	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
Jan			1	2	3	4	5		6	7	8	9	10	11	12		13	14	15	16	17	18	19		20		21	22	23	24	25	26		27	28	29	30	31		
Feb									3	4	5	6	7	8	9		10	11	12	13	14	15	16		17		18	19	20	21	22	23		24	25	26	27	28		
Mar						1	2		3	4	5	6	7	8	9		10	11	12	13	14	15	16		17	18	19	20	21	22	23		24	25	26	27	28	29	30	31
Apr		1	2	3	4	5	6		7	8	9	10	11	12	13		14	15	16	17	18	19	20		21	22	23	24	25	26	27		28	29	30					
May				1	2	3	4		5	6	7	8	9	10	11		12	13	14	15	16	17	18		19	20	21	22	23	24	25		26		27	28	29	30	31	
Jun							1		2	3	4	5	6	7	8		9	10	11	12	13	14	15		16	17	18	19	20	21	22		23	24	25	26	27	28	29	30
Jul		1	2	3	4	5	6		7	8	9	10	11	12	13		14	15	16	17	18	19	20		21	22	23	24	25	26	27		28	29	30	31				
Aug					1	2	3		4	5	6	7	8	9	10		11	12	13	14	15	16	17		18	19	20	21	22	23	24		25	26	27	28	29	30	31	
Sep	1								8	9	10	11	12	13	14		15	16	17	18	19	20	21		22	23	24	25	26	27	28		29	30						
Oct			1	2	3	4	5		6	7	8	9	10	11	12		13		14	15	16	17	18	19		20	21	22	23	24	25	26		27	28	29	30	31		
Nov						1	2		3	4	5	6	7	8	9		10								17	18	19	20	21	22	23		24	25	26	27	28	29	30	
Dec	1	2	3	4	5	6	7		8	9	10	11	12	13	14		15	16	17	18	19	20	21		22	23	24		25	26	27	28		29	30	31				

SPECIAL INSTRUCTIONS:

Requested by: Lee Miller
Hd Sys Maint Br
COM: 816-926-5308

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. Enter an "X" in the box(es) for the days the Job or Process is to be scheduled for execution. If more than one execution is required during a given day, indicate the number of times in the box.
2. Enter the desired START time(s) for the Job or Process in the SPECIAL INSTRUCTIONS area.
3. Federal Holidays are lightly shaded in the calendar.

This portion of the form to be completed by DMC-S.

DATE REQUEST RECEIVED: _____ DATE COMPLETED: _____

COMPLETED BY: _____